

Time
in
Full

CERTIFICATE OF DEATH

Joseph Addison

Town

County

MARYLAND

Died at

Annapolis

Anne Arundel

Date

Month

Day

Years

Months

Days

of death

1907 June

23

Age 67

Sex

Male

Color or
Race

Colored

Birth-
place

Annapolis

Occupation

Cookman

Where Residing if not
at place of death

35- Wash St.

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Don L. Woods

Father's
Birthplace

Don L. Woods

Mother's
Maiden Name

" "

Mother's
Birthplace

" "

Name of person giving
In formation

Residual Price

How related
to deceased

Friend

CAUSES OF DEATH

112

Primary

Cirrhosis of Liver

How long

6 Months

Immediate

Exhaustion

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

R. P. Keese

Address

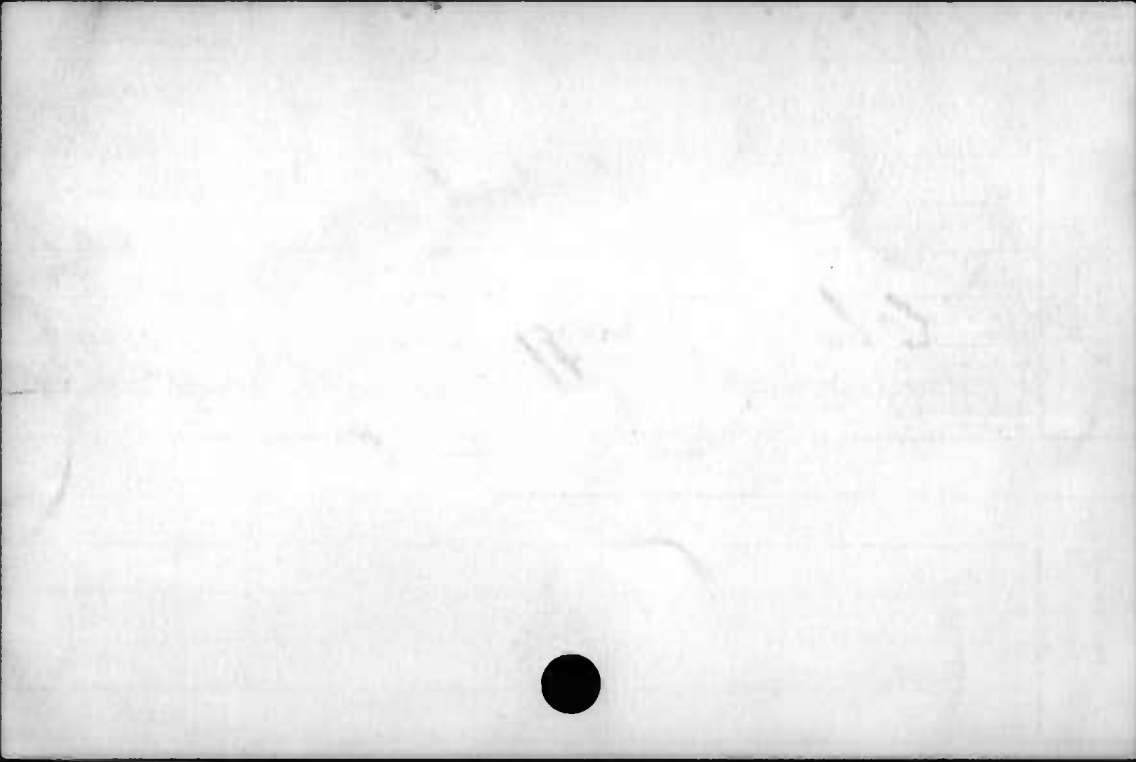
60 Cathedral St.
Annapolis Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full		Still Born		Batson		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Annapolis		A & County		MARYLAND	
	Date of death	1907	March	14	4	Age	Months
	Sex	Male		Color or Race	Colored		Birth-place
	Occupation			Where Residing if not at place of death		Annapolis	
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Charles Batson		Father's Birthplace		Annapolis	
PHYSICIAN OR CORONER	Mother's Maiden Name	Willie Smith		Mother's Birthplace		South River	
	Name of person giving information	Mother Willie Batson		How related to deceased		Mother	
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Still-born		(S)		How long	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician		John Ridout	
	Accident or Suicide?			Address		Annapolis	



Name
in
Full

Pattie S. Brewers

CERTIFICATE OF DEATH

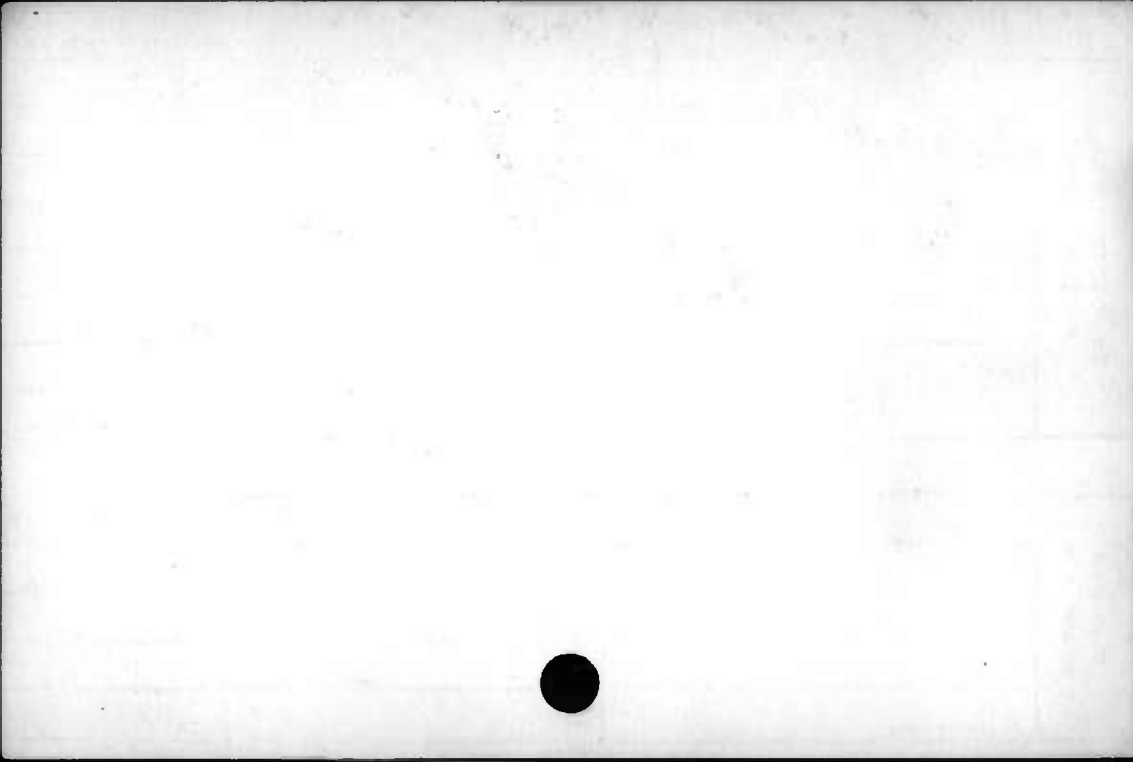
TO BE ANSWERED BY
NEAREST FRIEND

Died at East Port ^{Town}		A A Co ^{County}		MARYLAND	
Date of death 1907 ^{Year}		March ^{Month}	20 ^{Day}	65 ^{Years}	5 ^{Months}
Sex Female		Color or Race White		Birth-place Maryland	
Occupation House Wife		Where Residing if not at place of death			
Married, Single or Widowed Widowed		Name of Wife or Husband Earnest Brewers			
Father's Name John Hardesty		Father's Birthplace Ant. Co. Md.			
Mother's Maiden Name Pattie Selley		Mother's Birthplace Ant. Co. Md.			
Name of person giving information Sallie A. Coffey		How related to deceased Daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Apoplexy	How long	Three days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician John Ridout	
Yes		Address Annapolis Md	
Accident or Suicide?			



Name
in
Full

Samuel Brooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Leon</i>		County <i>A. A. County</i>		MARYLAND	
Date of death		1907	Month <i>May</i>	Day <i>9</i>	Age <i>Unknown</i>	Months <i>7</i>	Days
Sex <i>male</i>		Color or Race <i>Colored</i>		Birthplace <i>Unknown</i>			
Occupation <i>Harmer Labourer</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Julia Brooks</i>					
Father's Name <i>unknown</i>				Father's Birthplace <i>unknown</i>			
Mother's Maiden Name <i>unknown</i>				Mother's Birthplace <i>unknown</i>			
Name of person giving information <i>Engene Butler</i>				How related to deceased <i>not related</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		<i>Organic Disease of the Heart</i>		How long <i>2 months.</i>
Immediate		<i>Hemorrhage from lungs</i>		How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		
Signature of Physician		<i>W. M. Chancy, M.D.</i>		
Address		<i>Chancy, Md.</i>		
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

Harrison, Ch. Cann

TO BE ANSWERED BY
NEAREST FRIEND

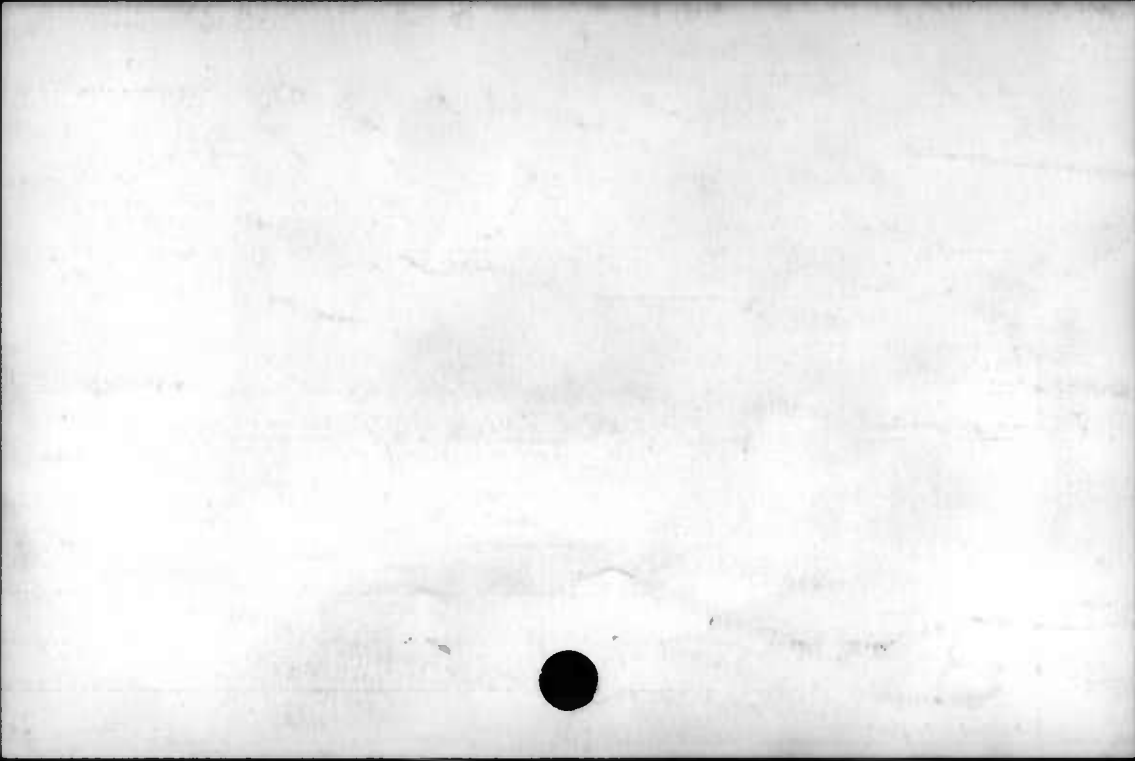
Died at <i>U.S. Rifle Range</i>		Town <i>U.S. Rifle Range</i>		County <i>A.A.</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>3</i>		Day <i>24</i>		Age <i>34</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Lynn, Mass.</i>		Months <i>8</i> Days	
Occupation <i>Ex. U.S. Marine.</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sophie Cann</i>					
Father's Name <i>Calvin Cann</i>		Father's Birthplace <i>Lynn, Mass.</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Sophie Cann</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Mitral Insufficiency</i>		How long <i>—</i>	
Immediate <i>Dilatation</i>		How long <i>4 weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John P. Purvis</i>	
		Address <i>Annapolis, Md.</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

Amison Coates

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

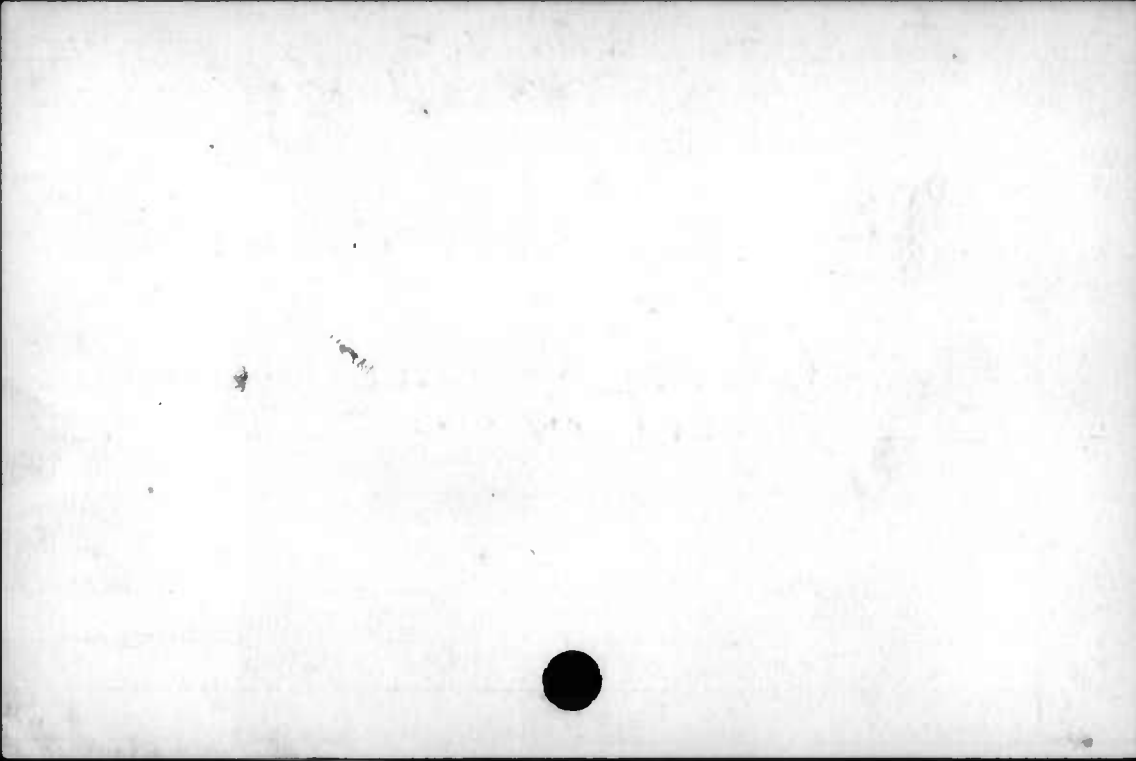
Died at <i>Annapolis</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>July</i>	Day	<i>6</i>
Age	<i>six</i>		Years		
Sex	<i>Boy</i>		Color or Race	<i>Colored</i>	
Occupation			Birth-place	<i>Annapolis</i>	
			Where Residing if not at place of death <i>60 N West St</i>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Joseph Coates</i>			Father's Birthplace <i>A.A.Co. Md</i>		
Mother's Maiden Name <i>Cornelia Green</i>			Mother's Birthplace <i>Annapolis</i>		
Name of person giving information <i>Millie T. Hall</i>			How related to deceased <i>Grandma</i>		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>Months</i>
Immediate	<i>Exhaustion</i>	How long	<i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Ridout</i>	
<i>Yes</i>		Address <i>Annapolis Md</i>	
Accident or Suicide?			



Name in Full <i>Lavinia Sadonia Goleman</i>		Town <i>Annapolis</i>		County <i>Art</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Annapolis</i>		State <i>Md</i>		MARYLAND		
	Date of death <i>1907</i>	Month <i>March</i>	Day <i>4</i>	Age <i>1</i>	Months <i>—</i>	Days <i>3</i>	
	Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Annapolis</i>		
	Occupation <i>—</i>		Where Residing if not at place of death <i>2 First St</i>		<i>Art</i>		
	Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>				
	Father's Name <i>John Coleman</i>		Father's Birthplace <i>West River Md</i>				
	Mother's Maiden Name <i>Josephine Howard</i>		Mother's Birthplace <i>West River Md</i>				
Name of person giving information <i>Father John Coleman</i>		How related to deceased <i>Father</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Marasmus</i>		How long <i>months</i>				
	Immediate <i>Exhaustion</i>		How long <i>Gradual</i>				
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>John Ridout</i>		Address <i>Annapolis Md</i>		
			Address <i>—</i>				
	Accident or Suicide? <i>—</i>						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George H Davis
Annapolis
Died at
Date of death 1907 March 18th Age 58
Sex Male Color or Race white
Occupation Tailor
Where Residing if not at place of death 24 Murray Ave
Married, Single or Wid Wid Name of Wife - Annie M. Davis
Father's Name Unknown Father's Birthplace Unknown
Mother's Maiden Name Unknown Mother's Birthplace Unknown
Name of person giving information Anthony C Davis How related to deceased Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Apoplexy
Immediate Hemiplegia
Are the name, age, sex, color, date and place correctly given above? ☒
Signature of Physician J. M. Murphy
Address Annapolis Md.

Accident or Suicide?



Name
in
Full

Daisy Duckert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

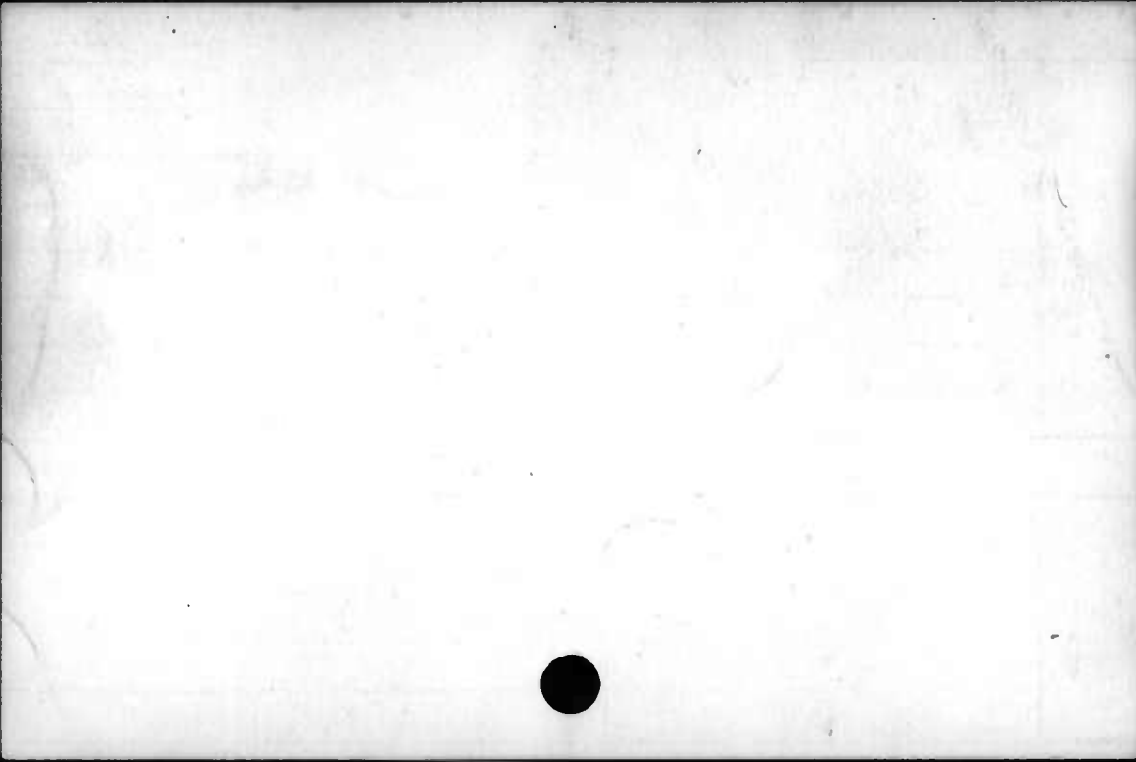
Died at <i>Annapolis</i> Town		<i>A.A.</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>March</i>	Day <i>16</i>	Age <i>18</i> Years	Months <i>8</i> Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Annapolis</i>		
Occupation <i>Maid</i>	Where Residing if not at place of death <i>139 S. 7th St.</i>				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband				
Father's Name <i>Frank Duckert</i>	Father's Birthplace <i>A.A. Co</i>				
Mother's Maiden Name <i>Priscilla Ogale</i>	Mother's Birthplace <i>Darison, Md</i>				
Name of person giving information <i>Mother Priscilla Duckert</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary Cause <i>Acute Nephritis & Carditis</i>	How long <i>6 Weeks</i>
Immediate Cause <i>Heart Failure</i>	How long <i>five min.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>P. P. Keene</i>
	Address <i>60 Cathedral St. Annapolis Md</i>
Accident or Suicide?	



Name
in
Full

Eleanor Duffin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Palapies ^{Town near} Sta Wilkoms A. H. Co ^{County}

MARYLAND

Date of death 1907 March 17 Age 23

Months Days

Sex Female Color or Race Colored

Birth-place Ann Arundel

Occupation Laborer Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name Alfred Duffin

Father's Birthplace Prince Georges Co Md

Mother's Maiden Name Ruth Osborn

Mother's Birthplace Ann Arundel Md

Name of person giving information Alfred Duffin

How related to deceased Father

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Heart Failure

How long Suddenly

Immediate Heart Failure

How long few minutes

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician C. R. Winkerson

Address Hanoor Md

Accident or Suicide?



Name
in
Full

Middle Eads.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

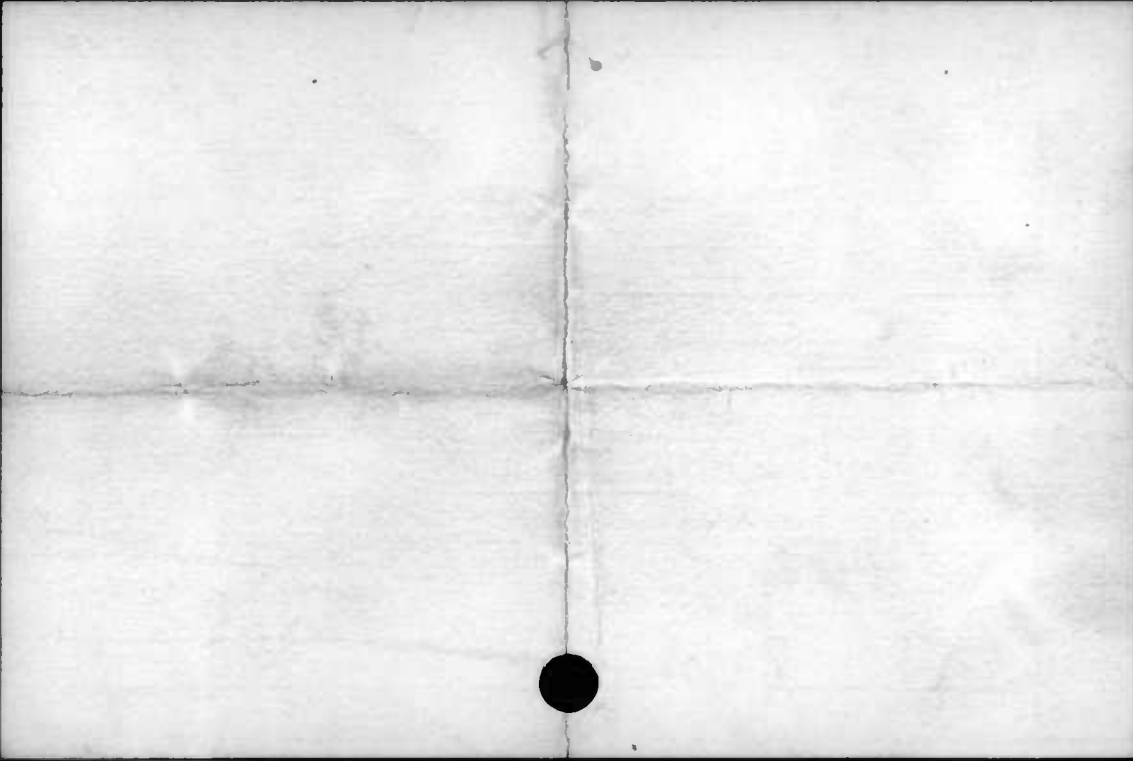
Died at <i>Annapolis</i> ^{Town}		<i>A. H.</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>3</i> ^{Month}	<i>7</i> ^{Day}	Age <i>62</i>	Months <i>n</i>	Days <i>n</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>A. H. Co. Ind</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>Samuel Eads</i>			
Father's Name <i>Patrick Henson</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Ruby Co Henson</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Mrs. French</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chron. Parench. Nephritis</i>	How long <i>6 months.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. R. C. Hensley</i>
	Address <i>Summit - Ind.</i>
Accident or Suicide?	✓



Name
in
Full

Samuel b. Foster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town		County <i>Art</i>		State <i>MARYLAND</i>	
Date of death	<i>1907</i>	Month <i>March</i>	Day <i>10th</i>	Age	Years	Months <i>3</i>	Days
Sex	<i>Male</i>		Color or Race	<i>colored</i>		Birth-place	<i>Annapolis</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	<i>Wm Foster</i>			Father's Birthplace	<i>Art Co.</i>		
Mother's Maiden Name	<i>Alice Day</i>			Mother's Birthplace	<i>Art Co.</i>		
Name of person giving information	<i>Father Wm Foster</i>			How related to deceased	<i>Father</i>		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>congenital debility</i>		How long	<i>Since birth</i>
Immediate	<i>Exhaustion</i>		How long	<i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
<i>yes</i>		<i>John Ridout</i>		
		Address		
		<i>Annapolis</i>		
Accident or Suicide?				

Intermark Pound Bay

Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at *Annapolis*

Town

A.A.Co

County

Date
of death *1907*Month
*3*Day
*11*Age *63*

Years

Months

Days

Sex *Female*Color or
Race*White*Birth-
place*Germany*

Occupation

*Housewife*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*H. Goodman*Father's
Name*Unknown*Father's
Birthplace*Russia*Mother's
Maiden Name*Unknown*Mother's
Birthplace*Russia*Name of person giving
Information*H. E. Goodman*How related
to deceased*Son*

CAUSES OF DEATH

64

Primary

Arterio-sclerosis

How long

years -

Immediate

apoplexy -

How long

*5 min.*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Louis B. Hackett, Jr.*

Address

*Annapolis,
Md.*

Accident or Suicide?

*Neither*PHYSICIAN
OR CORONER

Interment Balto

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis Md.</u> <u>Dist.</u>		Town <u>Annapolis</u> County <u>Prince Georges</u>		MARYLAND	
Date of death	1907	Month	March	Day	29
Age		Years		Months	1 hour
Sex	Male	Color or Race	Colored	Birth-place	Annapolis
Occupation	Where Residing if not at place of death		83 North West St		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	George Gray		Father's Birthplace	A. S. Co. Md	
Mother's Maiden Name	Fredericka Jones		Mother's Birthplace	Washington D.C.	
Name of person giving information	Mother Fredericka Gray		How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Premature birth	(151)	How long	1 hour
Immediate	Asphyxia		How long	"
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Wm Welch
			Address	Annapolis
Accident or Suicide?				

Handwritten notes in the top right corner, possibly a list or index, including the word "Index" and some illegible entries.



Name
in
Full

Samuel Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

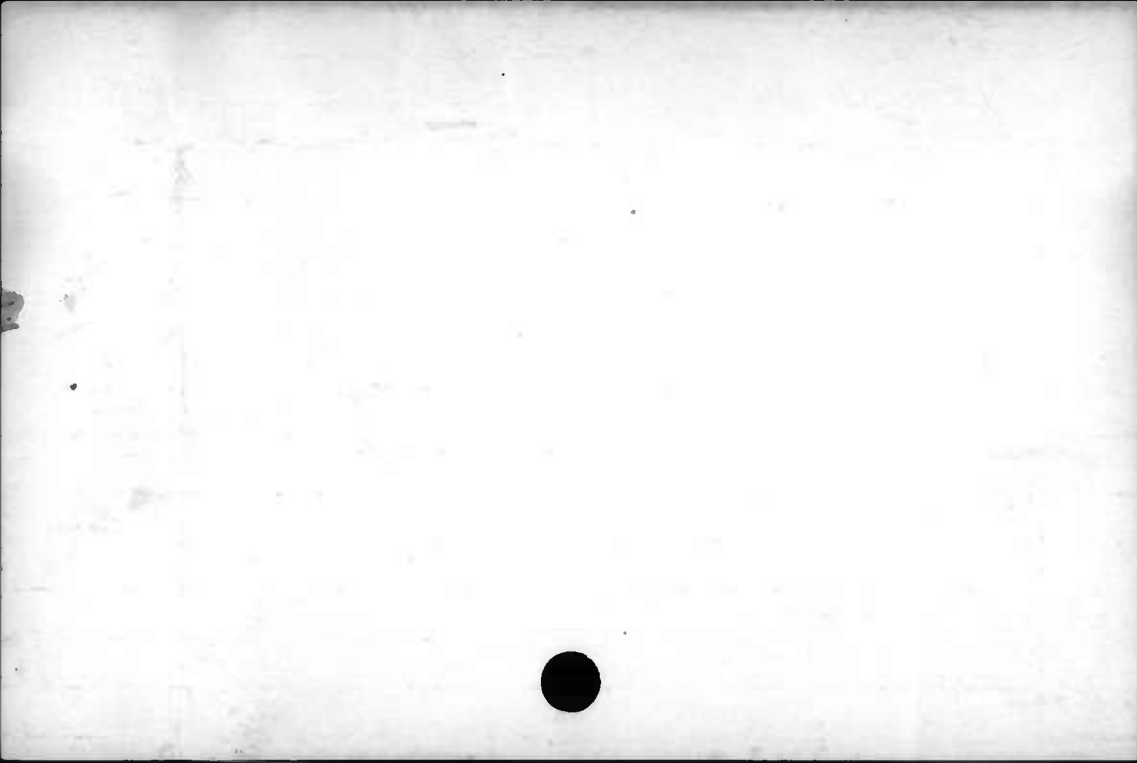
Died at <i>Atmington</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	190 <i>6</i>	Month <i>March</i>	Day <i>23</i>	Age <i>31</i>	Years <i>1</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>a a c o m d</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband			
Father's Name <i>Garretson Green</i>			Father's Birthplace <i>a a c o m d</i>		
Mother's Maiden Name <i>Mary Stephens</i>			Mother's Birthplace <i>a a c o m d</i>		
Name of person giving information <i>Garretson Green</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>3 months</i>
Immediate <i>E. & haustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Removed from</i>
	Address <i>Johns Hopkins hospital</i>
Accident or Suicide?	<i>a few days ago</i>



Name

in
Full

Charles W. Hall

CERTIFICATE OF DEATH

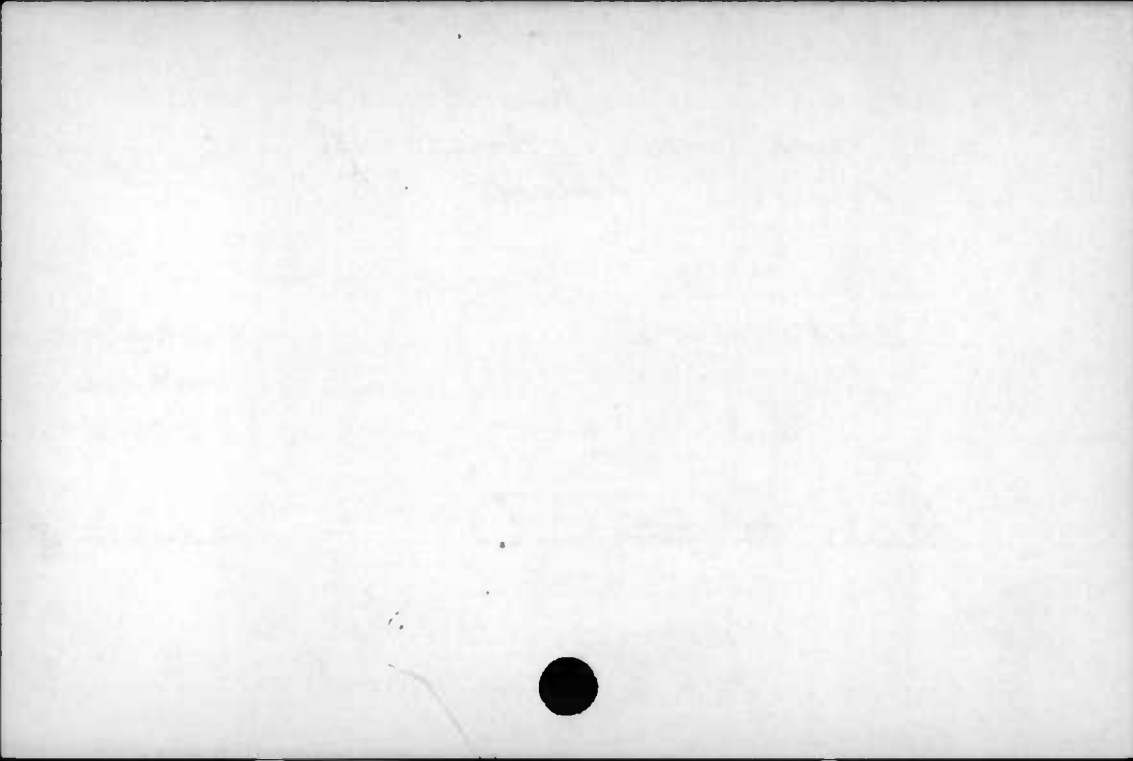
TO BE ANSWERED BY
NEAREST FRIEND

Died at McKendree Town Anne Arundel County
 Date of death 1907 Month March Day 9 Age 84 Years Months 5 Days 17
 Sex Male Color or Race White Birth-place A. A. Co. Md.
 Occupation Farmer (Retired) Where Residing if not at place of death —
 Married, Single or Widowed Married Name of Wife or Husband Alice Stewart Hall
 Father's Name Thos. J. Hall Father's Birthplace Md.
 Mother's Maiden Name Mary Hodges Mother's Birthplace Md.
 Name of person giving information Alice Hall How related to deceased Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Chronic Nephritis 120 How long 3 or 4 years
 Immediate Uraemic Coma How long 48 hours
 Are the name, age, sex, color, date and place correctly given above? Yes
 Signature of Physician A. H. Perrie
 Address McKendree, Md.
 Accident or Suicide? ✓



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bristol</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND	
Date of death	<i>1907</i> ^{Year}	<i>March</i> ^{Month}	<i>14</i> ^{Day}	<i>about 70</i> ^{Years}	<i>—</i> ^{Months}
Sex	<i>Female</i>	Color or Race	<i>Black</i>	Birth-place	<i>Do not know</i>
Occupation	<i>None</i>	Where Residing if not at place of death			
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband	<i>Do not know</i>		
Father's Name	<i>Unknown</i>			Father's Birthplace	<i>Unknown</i>
Mother's Maiden Name	<i>Unknown</i>			Mother's Birthplace	<i>Unknown</i>
Name of person giving information	<i>W. D. Wreath</i>			How related to deceased	<i>Not related</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senile debility —</i>	<i>154</i>	How long	<i>Several months</i>
Immediate				
Are the name, age, sex, color, date and place correctly given above?	<i>yes.</i>	Signature of Physician	<i>A. N. Perrie</i>	
		Address	<i>McKendree, Ind.</i>	
Accident or Suicide?	<i>✓</i>			



Name in Full		MARGARET HARROD				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Chucktown		County A		MARYLAND	
	Date of death	1907	Month Mar	Day 7	Age 88	Months	Days
	Sex	Female		Color or Race	Colored		Birth-place
	Occupation	None		Where Residing if not at place of death		Md	
	Married, Single or Widowed	Widow		Name of Wife or Husband		John Harrod	
	Father's Name	Unknown		Father's Birthplace		Md	
	Mother's Maiden Name	Unknown		Mother's Birthplace		Md	
	Name of person giving information	Jm. Harrod		How related to deceased		Son	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Grippe			How long	2 weeks	
	Immediate	Capillary Bronchitis			How long	one day	
	Are the name, age, sex, color, date and place correctly given above?			Yes			
	Signature of Physician			Geo T. Vent			
	Address			Chucktown Md			
Accident or Suicide? <input type="checkbox"/>							



Name
in
Full

Dennis H. Brown

CERTIFICATE OF DEATH

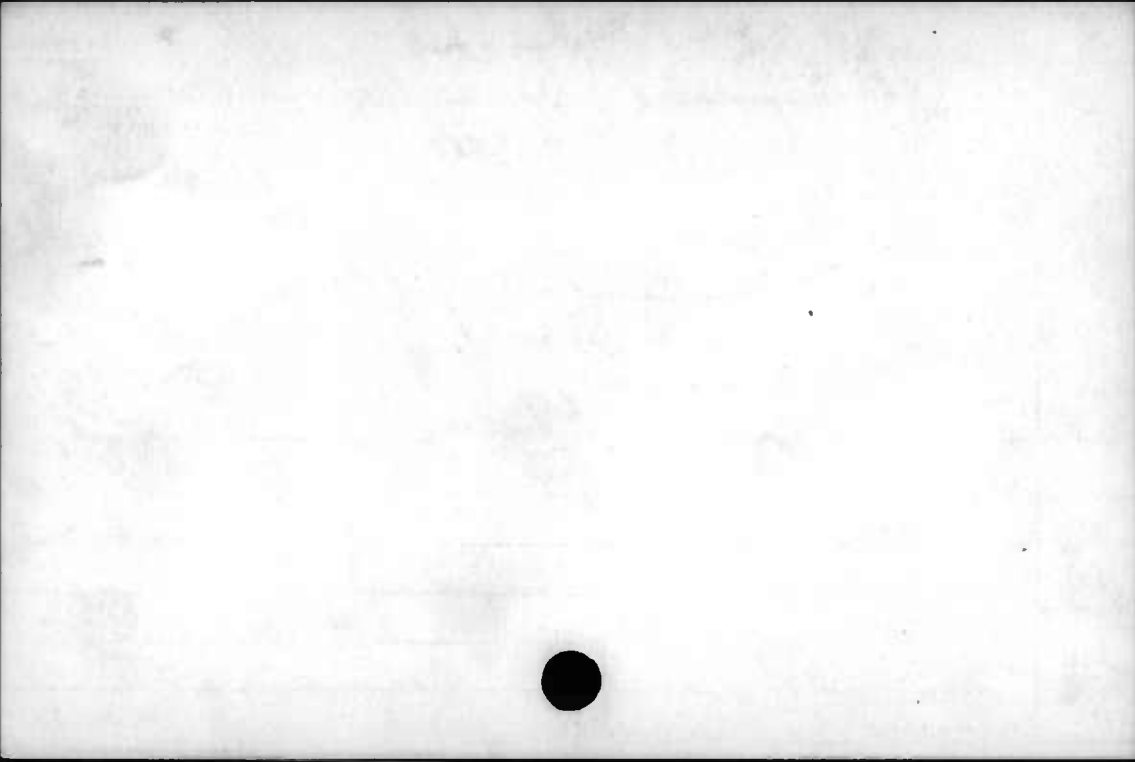
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Annapolis		County Anne Arundel		MARYLAND	
Date of death		190	Month 7	Day 8	Age 70	Years	Months Days
Sex Male		Color or Race Colored		Birth- place A.A.C. Md			
Occupation Butcher		Where Residing if not at place of death 20 Washington St.					
Married, Single or Widowed Married		Name of Wife or Husband Mary H. Brown					
Father's Name John H. Brown		Father's Birthplace A.A.C. Md					
Mother's Maiden Name Doris R. Brown		Mother's Birthplace Yorktown					
Name of person giving Information Mary H. Brown		How related to deceased Wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	nephritis	(120)	How long	two months
Immediate	Exhaustion & and old age		How long	74 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician J. T. Reese	
			Address 60 Cathedral St. Annapolis Md	
Accident or Suicide?				



Name
in
Full

Elizabeth - Hicks

CERTIFICATE OF DEATH

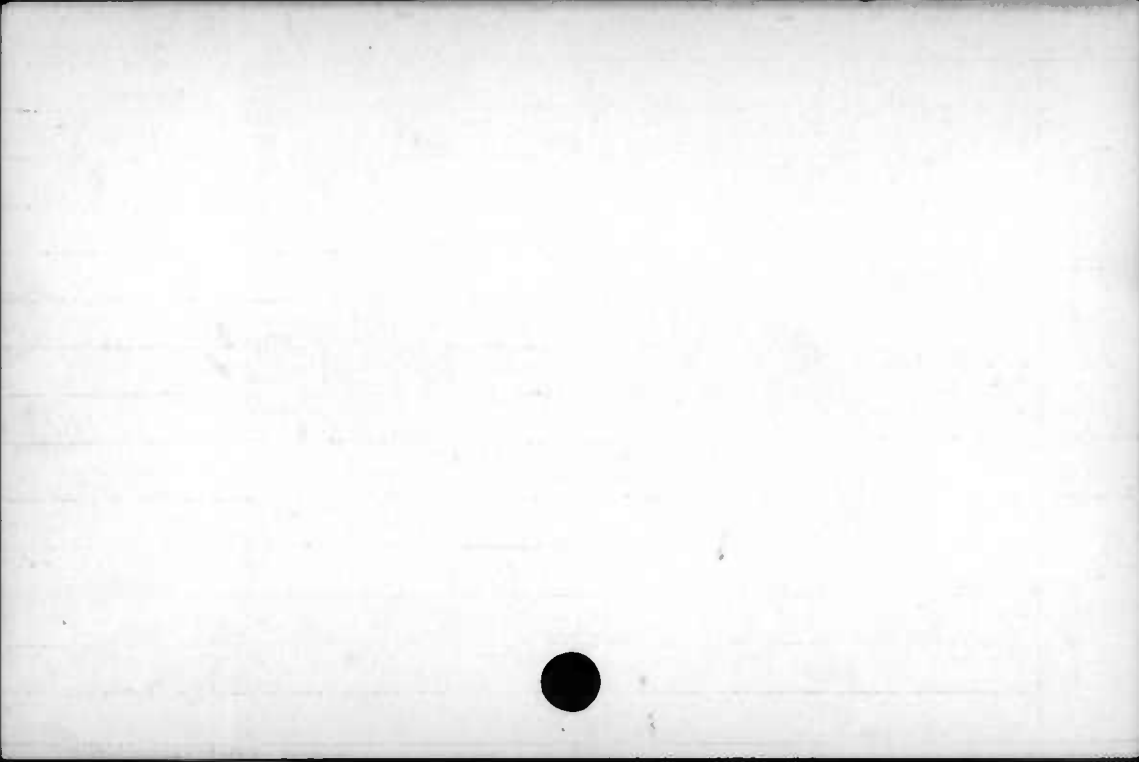
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1907		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Alumina	How long	Several Months
Immediate	Heart Failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name
in
Full

Benjamin Yell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

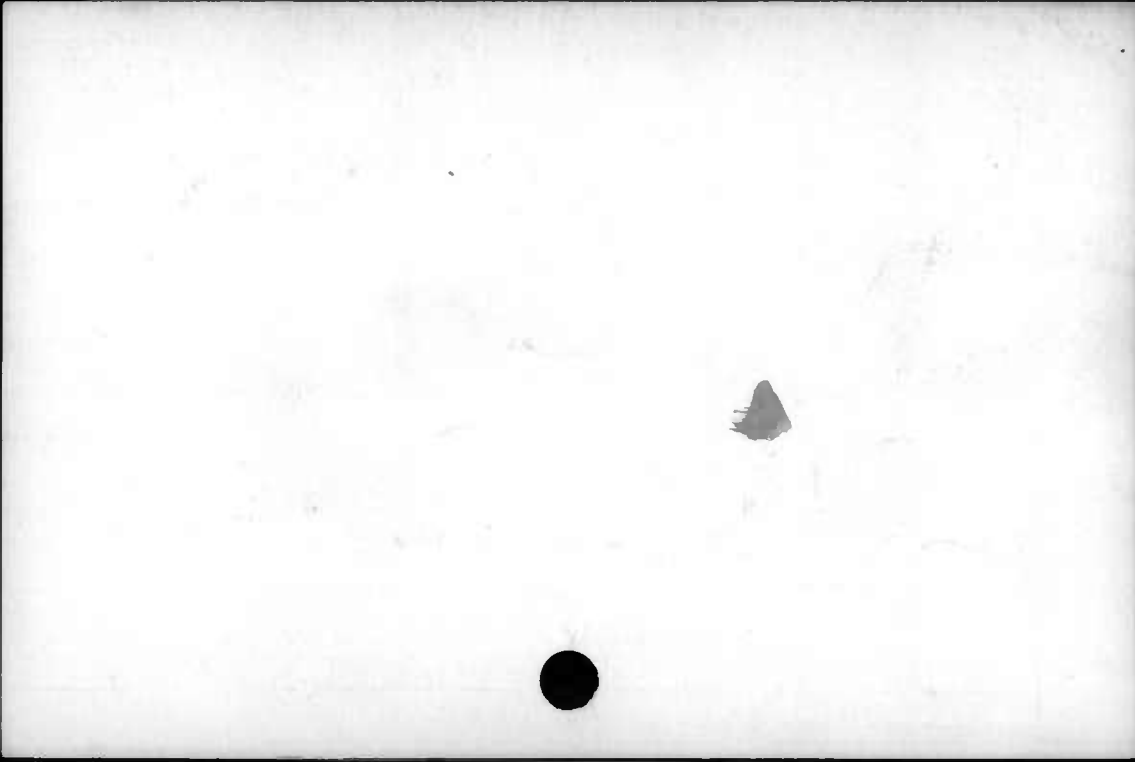
Died at <i>Annapolis</i> Town		<i>A. A.</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Mar.</i>	Day <i>15</i>	Age <i>22</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Unknown</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Unknown</i>			Father's Birthplace <i>North Carolina</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>North Carolina</i>		
Name of person giving information <i>Geo E. Hoolley</i>			How related to deceased <i>Not Related</i>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Double Lobar Pneumonia</i>	How long	<i>8 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>6 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Louis B. Howell</i>	
		Address <i>Annapolis</i>	
Accident or Suicide? <i>neither</i>		<i>yes</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

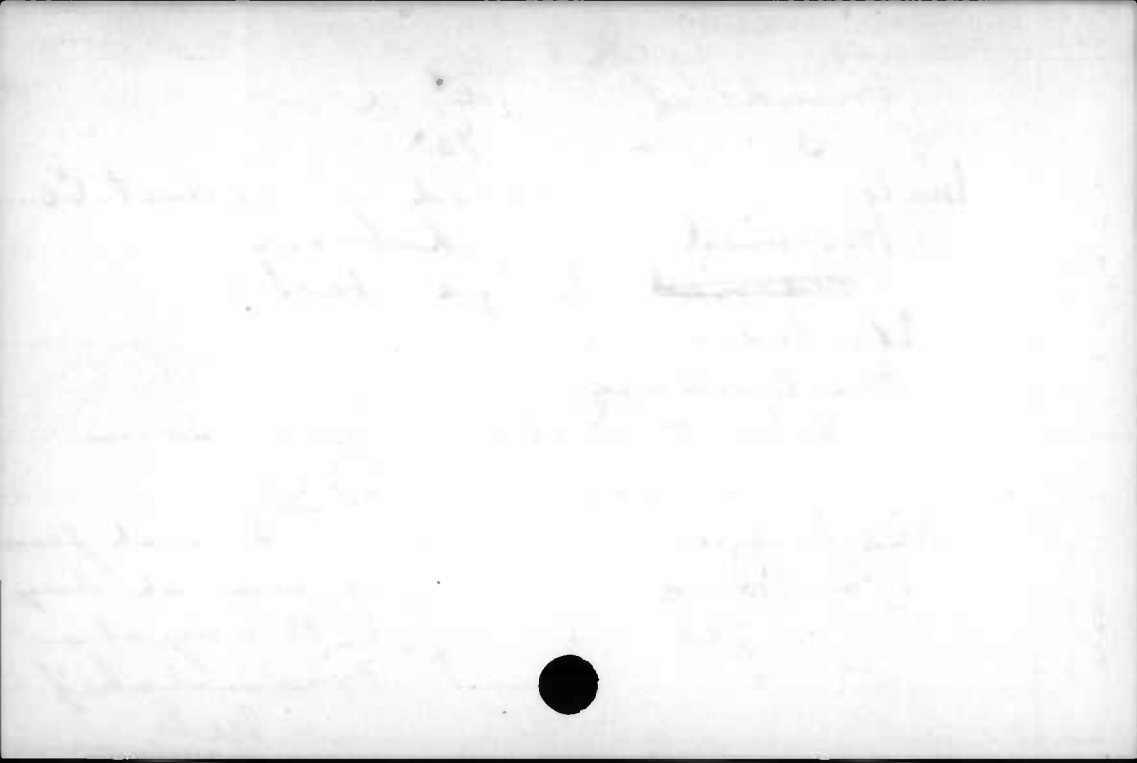
Died at <i>Annapolis</i> ^{Town}		<i>aa</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>March</i>	Day <i>22</i>	Age <i>—</i> Years	Months <i>—</i> Days <i>1</i>
Sex <i>Male</i>	<i>Mail</i>	Color or Race <i>White</i>	Birth-place <i>Annapolis</i>		
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Fred Hallond</i>		Father's Birthplace <i>Annapolis</i>			
Mother's Maiden Name <i>Agnes Parkinson</i>		Mother's Birthplace <i>Annapolis</i>			
Name of person giving information <i>Fred Hallond</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Heart Insufficiency</i>	How long	<i>8 hours</i>
Immediate	<i>Asthenia</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm J Welch</i>	
		Address <i>Annapolis</i>	
Accident or Suicide? <i>—</i>			



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Friendship</i> Town		<i>A. A.</i> County		MARYLAND
	Date of death 1907	Month 3	Day 14	Age 75	Months
	Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Calvert Co</i>	
	Married, Single or Widowed <i>Married</i>		Occupation <i>Laborer</i>		
	Name of Wife or Husband <i>Married</i> <i>Eliza Jacks</i>				
	Father's Name <i>Unknown</i>		Father's Birthplace <i>Calvert Co Md</i>		
	Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Calvert Co Md</i>		
	Name of person giving information <i>Robert Jacks</i>		How related to deceased <i>Son</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Diabetes</i>		How long <i>Several years</i>		
	Immediate <i>Coma</i>		How long <i>Several days</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. L. Brayshaw</i>		
			Address <i>Friendship Md</i>		
	Accident or Suicide?				



Name
in
Full

Gardlie James

CERTIFICATE OF DEATH

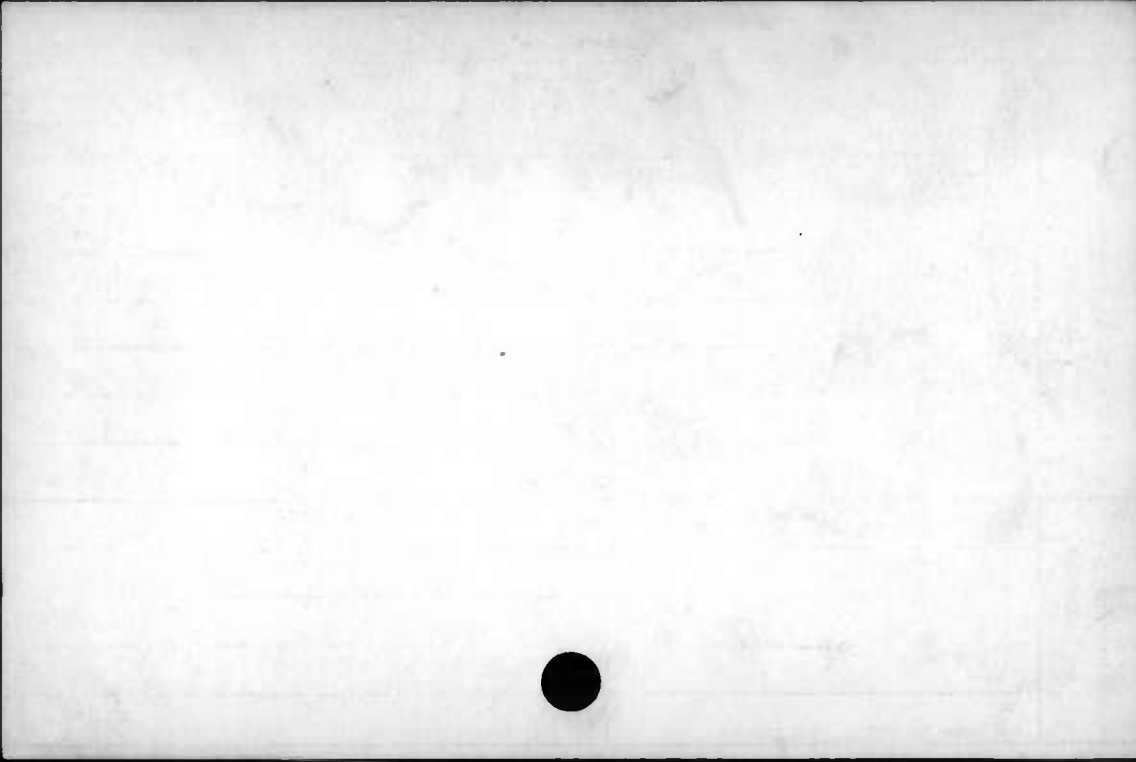
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elk Ridge</i>		Town		<i>Annerbunde</i>		County		MARYLAND	
Date of death 1907		Month 3		Day 5		Age		Years Months Days	
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>Elk Ridge</i>					
Married, Single or Widowed <i>X</i>		Occupation <i>X</i>							
Name of Wife or Husband <i>X</i>									
Father's Name <i>not known</i>		Father's Birthplace							
Mother's Maiden Name <i>Gardlie James</i>		Mother's Birthplace <i>Mo.</i>							
Name of person giving information <i>Margret Garott</i>		How related to deceased <i>Grandmother</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Convulsions</i>		How long <i>2 days</i>	
Immediate <i>1</i>		How long <i>7</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Harrison Torgue</i>	
		Address <i>Elk Ridge Mo.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Margaret Jennings		County		Atto. - MARYLAND	
Died at Annapolis Neck		Town		Atto. - MARYLAND	
Date of death 1907		Month March		Day 13	
Age 72 yrs		Years		Months	
Sex Female		Color or Race Colored		Birth-place Atto. -	
Occupation Landlady		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband		Anthony Jennings	
Father's Name Unknown		Father's Birthplace		Atto. -	
Mother's Maiden Name Unknown		Mother's Birthplace		Atto. -	
Name of person giving information		How related to deceased			

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	Apoplexy		Sudden		
Immediate	Found dead		How long		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address	
Yes		John Ridout M.D.			
Accident or Suicide?					



Name
in
Full

Eliza Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

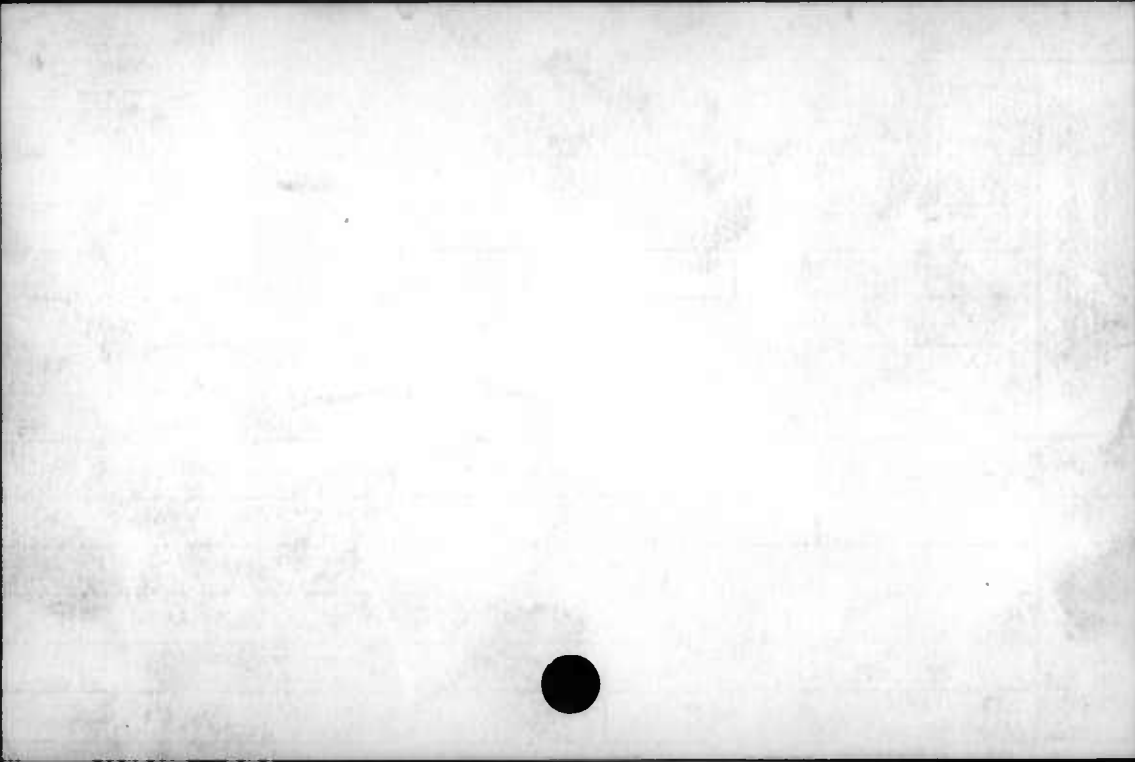
Died at <i>Annapolis</i> Town <i>Annapolis</i> County <i>MARYLAND</i>	
Date of death <i>190</i> <i>7</i> Month <i>15</i> Day <i>66</i> Years <i>4</i> Months <i>18</i> Days	Age <i>66</i>
Sex <i>Female</i> Color or Race <i>Colored</i> Birth-place <i>Annapolis</i>	
Occupation <i>Domestic</i> Where Residing if not at place of death <i>29 Phisick St.</i>	
Married, Single or Widowed <i>Married</i> Name of Wife or Husband <i>Edwards Johnson</i>	
Father's Name <i>Douglas</i> Father's Birthplace <i>Druid</i>	
Mother's Maiden Name <i>cc</i> Mother's Birthplace <i>cc</i>	
Name of person giving information <i>Geo Johnson</i> How related to deceased <i>Nephew</i>	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritis</i> How long <i>Months</i>	
Immediate <i>Exhaustion</i> How long <i>Gradual</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Ridout</i>
	Address <i>Annapolis Md</i>
Accident or Suicide?	



Name
in
Full

Mary Jane Kirby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *South River* ^{Town}*Anne Arundel* ^{County}

MARYLAND

Date of death *1907* ^{Month} *March* ^{Day} *18*Age *32* ^{Years}

Months

Days

Sex *Female*Color or Race *White*Birth-place *Maryland*

Occupation

*Housewife*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Lloyd Kirby*Father's
Name*Henry Robinson*Father's
Birthplace*Calvert Co.*Mother's
Maiden Name*Georgiana Tucker*Mother's
Birthplace*Calvert Co.*Name of person giving
Information*Gallie Kirby*How related
to deceased*Mother-in-law*

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary

Tuberculosis of the intestine

How long

8 months

Immediate

Diarrhoea

How long

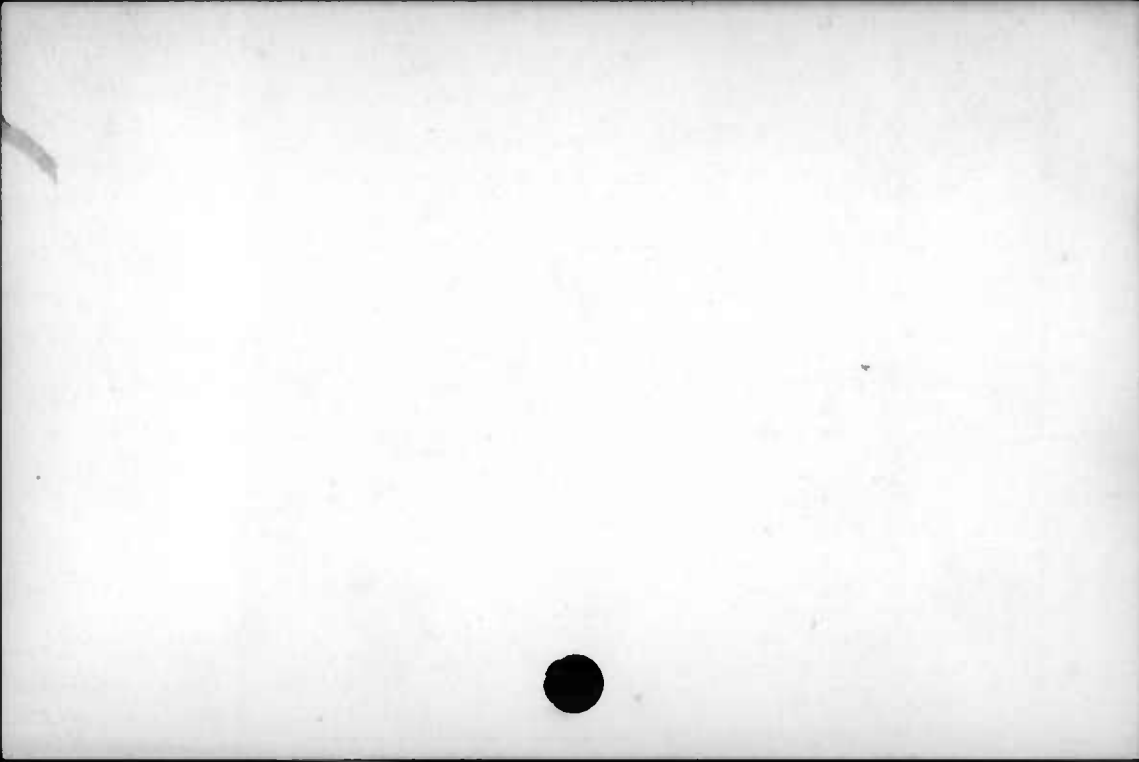
*4 months*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*John Collins*

Address

South River

Accident or Suicide?

✓ *MD*



Name
in
Full

CERTIFICATE OF DEATH

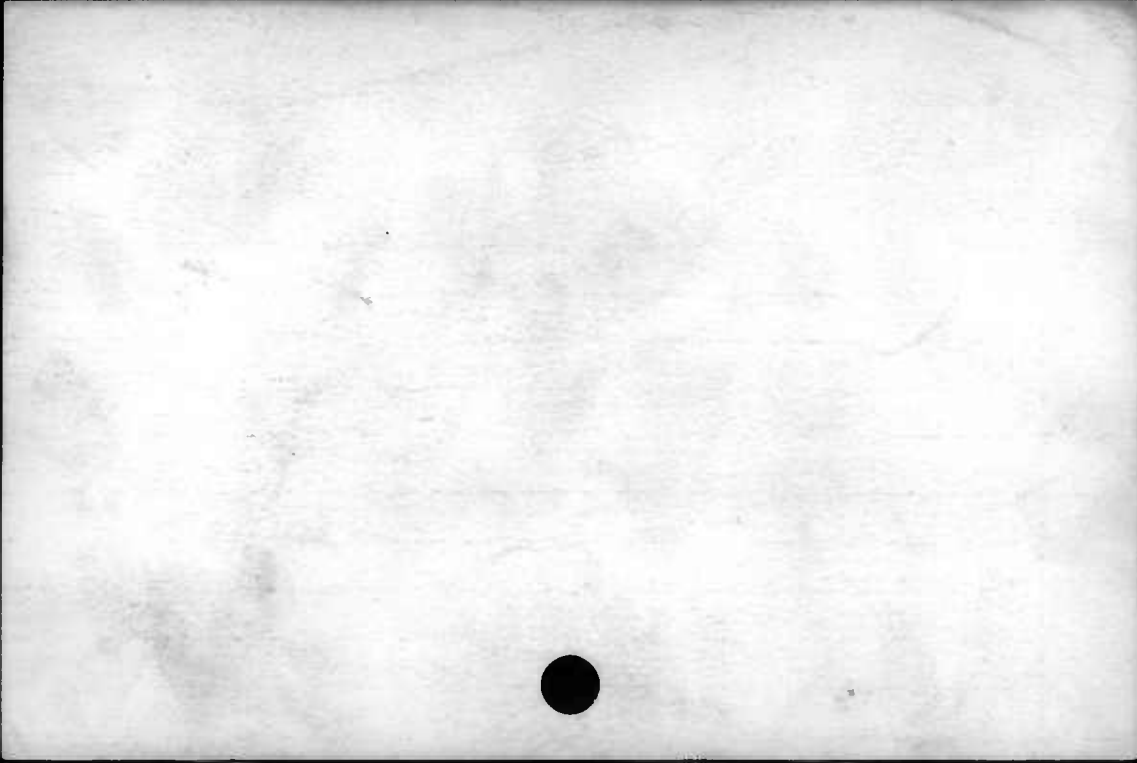
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Baby Levy.		Town Annapolis		County Anne Arundel		State MARYLAND	
Died at Annapolis		Date of death 1907		Age Still born			
Sex Male		Color or Race White		Birth-place Annapolis			
Occupation Infant		Where Residing if not at place of death Annapolis, Md.					
Married, Single or Widowed Single		Name of Wife or Husband none					
Father's Name Benjamin Levy.		Father's Birthplace Balto. Md.					
Mother's Maiden Name Bessie Hoberger		Mother's Birthplace Balto. Md.					
Name of person giving information Isaac Kohberger		How related to deceased Grandfather					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still born	How long	Immediate
Immediate	Still born	How long	"
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Louis B. DeLoach Jr.	
		Address Annapolis, Md.	
Accident or Suicide? Neither.			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town		<i>Anne Arundel</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>March</i>	Day	<i>26</i>	Years	<i>72</i>	Months	<i>—</i>
Sex	<i>Male</i>			Color or Race	<i>white</i>			Birth-place	<i>a. a. Co Md</i>
Occupation	<i>Merchant</i>				Where Residing if not at place of death				
Single Widowed					Name of Wife or Husband <i>Mary Delilah Smith</i>				
Father's Name	<i>Matthias Linthicum</i>				Father's Birthplace <i>a. a. Co Md</i>				
Mother's Maiden Name	<i>Sarah Jacobs</i>				Mother's Birthplace <i>a. a. Co Md</i>				
Name of person giving information	<i>J. J. Linthicum, Jr</i>				How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Hemiplegia</i>	How long	<i>1 year</i>
Immediate	<i>Cerebral Paralysis</i>	How long	<i>1 month</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Wm J. Welch</i>
		Address	<i>Annapolis</i>
Accident or Suicide?	<i>—</i>		



Name in Full		Miller				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Annapolis</i>		Town		County	
		Date of death <i>1907</i>		Month <i>March</i>		Day <i>16</i>	
		Age <i>—</i>		Years <i>—</i>		Months <i>—</i>	
		Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Annapolis</i>	
		Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
		Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
		Father's Name <i>Abraham Miller</i>		Father's Birthplace <i>Russia</i>			
		Mother's Maiden Name <i>Lena Miller</i>		Mother's Birthplace <i>Russia</i>			
Name of person giving information <i>Abraham Miller</i>		How related to deceased <i>Father</i>					
		CAUSES OF DEATH		(90)			
PHYSICIAN OR CORONER		Primary <i>Capillary Bronchitis</i>		How long <i>3 days</i>			
		Immediate <i>Asthenia</i>		How long <i>1 day</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm J Welch</i>			
				Address <i>Annapolis</i>			
		Accident or Suicide? <i>—</i>					



Name
in
Full

Hammond Wilson Nichols

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Second Dist</u> ^{Town}		<u>Anne Arundel</u> ^{County}		MARYLAND	
Date of death <u>1907</u> ^{Month} <u>March</u> ^{Day} <u>23</u> ^{Years} <u>Age</u> <u>1</u> ^{Months} <u>13</u> ^{Days} <u>13</u>		Sex <u>male</u> Color or Race <u>White</u>		Birth-place <u>A. A. Co., Md</u>	
Occupation <u> </u>		Where Residing if not at place of death <u> </u>			
Married, Single or Widowed <u> </u>		Name of Wife or Husband <u> </u>			
Father's Name <u>Luther M. Nichols</u>		Father's Birthplace <u>A. A. Co., Md</u>			
Mother's Maiden Name <u>Louisa Anderson</u>		Mother's Birthplace <u>A. A. Co., Md</u>			
Name of person giving information <u>Luther M. Nichols</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Marasmus</u>	How long <u>1 month</u>
Immediate <u>Exhaustion</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Wm Welch</u>
	Address <u>Annapolis</u>
Accident or Suicide? <u> </u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

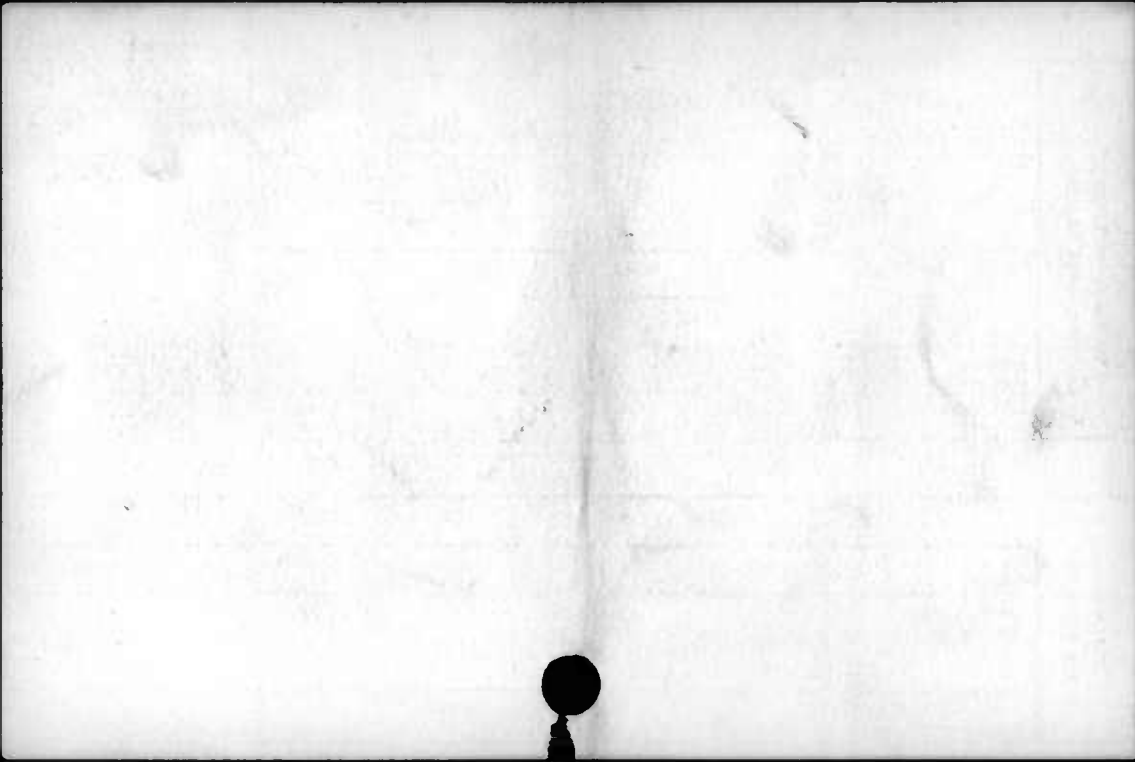
Name in Full		Maggie Overcan		County		Atto. MARYLAND	
Died at		South River		Town		County	
Date of death		1907	March	13 th	Age	16 years	Months
Sex		Female		Color or Race		colored	
Occupation		House-work		Where Residing if not at place of death		Atto.	
Married, Single or Widowed		Single		Name of Wife or Husband		Chase (Divorced)	
Father's Name		James Overcan		Father's Birthplace		Atto.	
Mother's Maiden Name		Daisy Parker		Mother's Birthplace		Atto.	
Name of person giving information		Stephen Gros		How related to deceased			

CAUSES OF DEATH

138

PHYSICIAN
OR CORONER

Primary	Thermal eclampsia	How long	Twenty four hrs
Immediate	Exhaustion	How long	Gradual
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes.		John R. R. R. R.	
		Address	
		Annapolis	
Accident or Suicide?			



Name
in
Full

Grover Phelps

CERTIFICATE OF DEATH

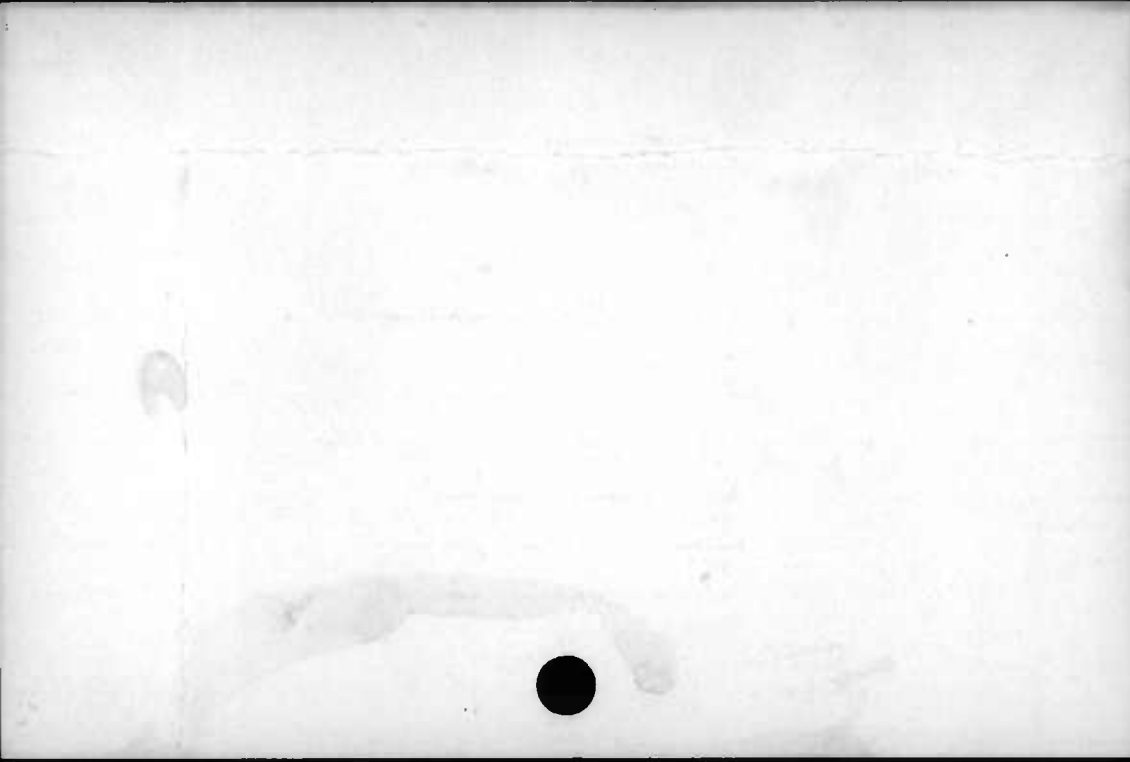
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Armiger P. O.</i>		Town <i>Armiger</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1904</i>	Month <i>March</i>	Day <i>23</i>	Age <i>1</i>	Years <i>7</i>	Months	Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>A. A. Co.</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Cleveland Phelps</i>		Father's Birthplace <i>A. A. Co.</i>					
Mother's Maiden Name <i>Jesse C. Joice</i>		Mother's Birthplace <i>A. A. Co.</i>					
Name of person giving information <i>Dr. Elijah Joice</i>		How related to deceased <i>Grandfather</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Illo-cblitis</i>	<i>105</i>	How long <i>3 weeks</i>
Immediate <i>Broncho-pneumonia</i>		How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James S. Bellingsley M.D.</i>	
	Address <i>Armiger</i>	
Accident or Suicide? <i>No -</i>	<i>MD</i>	



Name
in
Full

CERTIFICATE OF DEATH

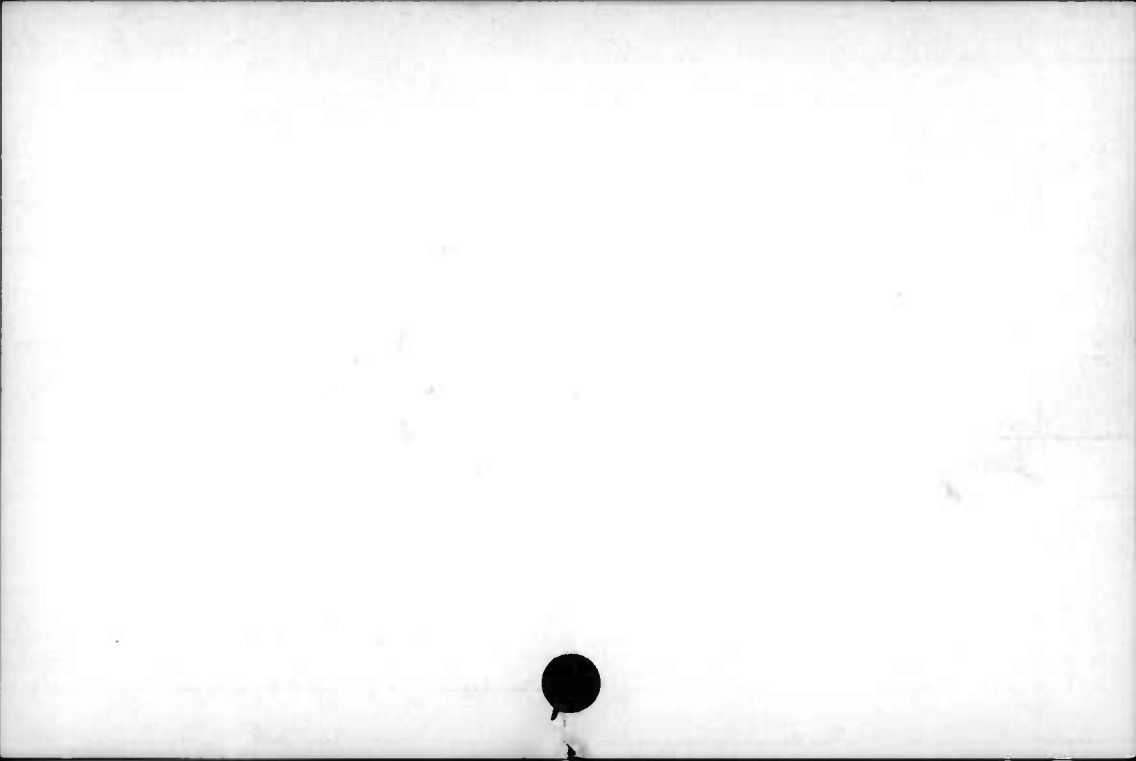
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Joseph Salafia.</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at		Month <i>Mar.</i>		Day <i>7</i>		Years <i>39</i>	
Date of death <i>1907</i>		Months <i>10</i>		Days			
Sex <i>Male.</i>		Color or Race <i>Italian. White</i>		Birth-place <i>Italy.</i>			
Occupation <i>Musician, U.S.N.</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Italy</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Italy</i>					
Name of person giving information <i>Record of Navy</i>		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pyemia.</i>	<i>(20)</i>	How long	<i>7 days.</i>
Immediate	<i>Multiple abscesses in lungs.</i>		How long	<i>2 days.</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes.</i>	Signature of Physician <i>Gen. J. L. Leonard</i>	
			Address <i>Naval Academy.</i>	
Accident or Suicide?		<i>No.</i>	<i>✓ Annapolis, Md.</i>	



Name

in

Full

CERTIFICATE OF DEATH

MARYLAND

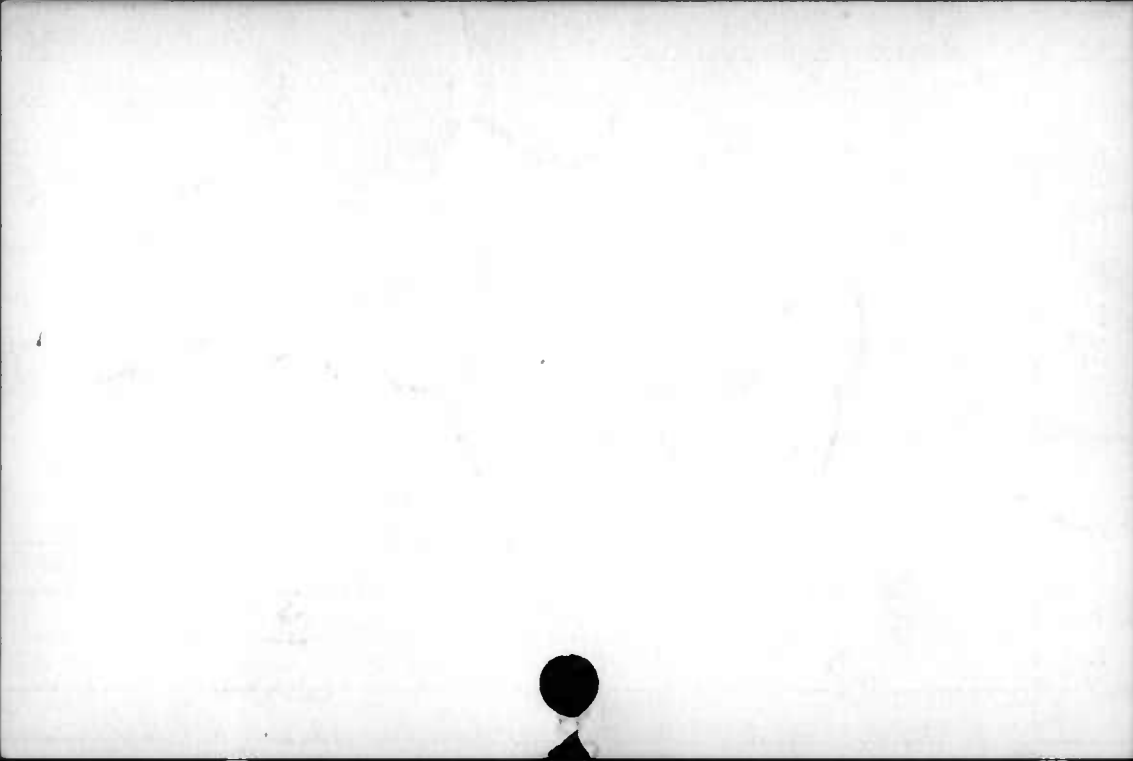
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Johns Harbor</i>		Town <i>Johns Harbor</i>		County <i>St Anne</i>	
Date of death <i>1907</i>		Month <i>March</i>	Day <i>2</i>	Years <i>86</i>	Months <i>4</i>
Sex <i>Male</i>	Color or Race <i>Caucasian</i>	Birthplace <i>Howard Co</i>		Where Residing if not at place of death <i>Rafmanado Md</i>	
Occupation <i>Laborer</i>	Name of Wife or Husband <i>Mary Savoy</i>				
Father's Name <i>Briscul Savoy</i>	Father's Birthplace <i>Howard Co</i>		Mother's Birthplace <i>St Anne</i>		
Mother's Maiden Name <i>Unknown</i>	Name of person giving information <i>Richard Savoy</i>		How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senility</i>	How long <i>Months</i>
Immediate <i>Exhaustion</i>	How long <i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Ridout</i>
<i>Yes</i>	Address <i>Annapolis Md</i>
- Accident or Suicide? <i>.</i>	



Name
in
Full

Robert Earl Hammorsley Shores

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Eastport* ^{Town}*H. H.* ^{County}

MARYLAND

Date of death *1907* ^{Month} *March* ^{Day} *30*Age *Years**Eight* ^{Months}*Days*Sex *Male*Color or Race *White*Birth-place *Eastport Md.*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Sidney Thomas Shores*Father's
Birthplace*Danvers Quarter*Mother's
Maiden Name*Henrietta Eliza*Mother's
Birthplace*X. Monie Md*Name of person giving
in information*James J. Tyler*How related
to deceased*Uncle*

CAUSES OF DEATH

*(27)*PHYSICIAN
OR CORONER

Primary

Dr. Colitz & Trauchs Pneumonia

How long

(2 weeks)

Immediate

*"**"**"*

How long

*(?)*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

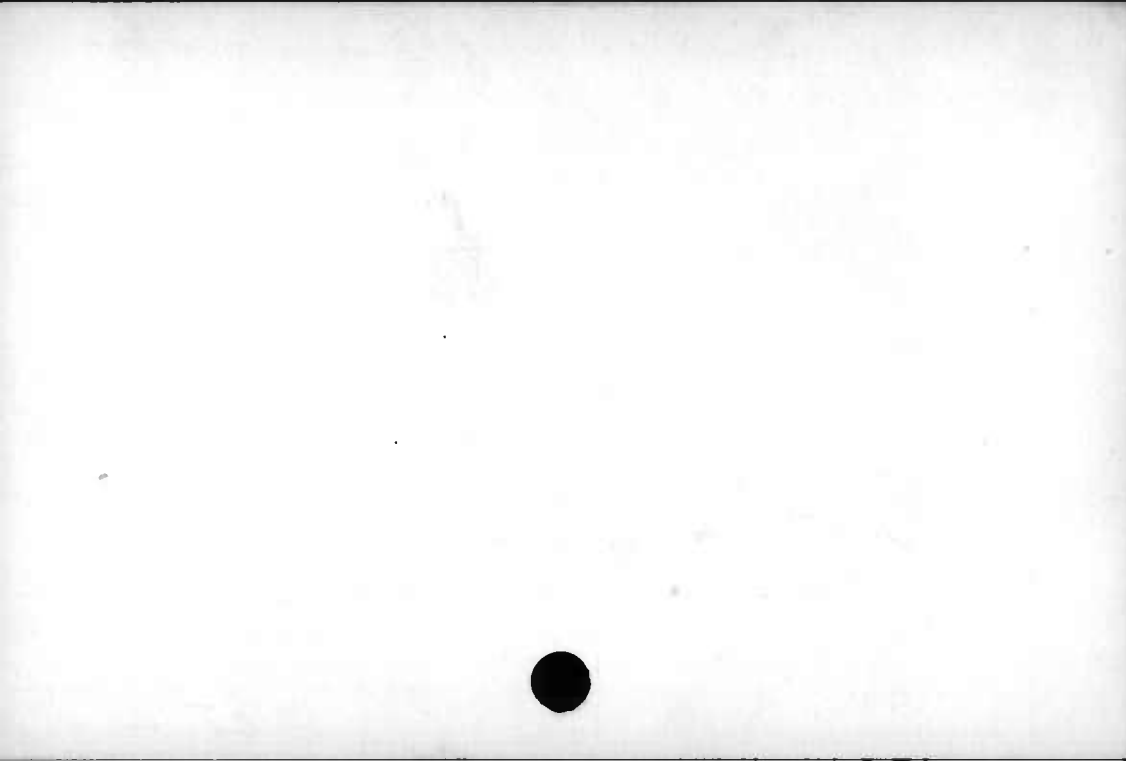
Address

*J. Oliver Purvis**118 Prince Geo St*

Accident or Suicide?

*no**✓ Annapolis Md*

LIBRARY BUREAU 48816



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

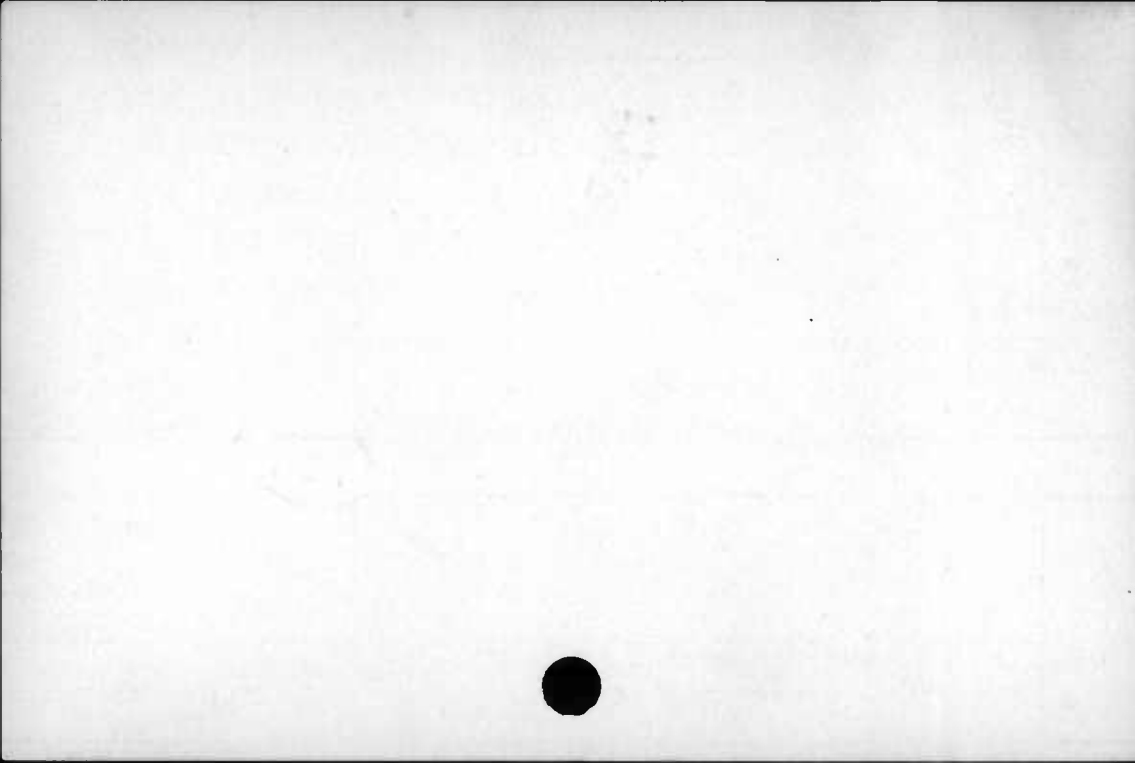
Name in Full <i>Jos. Skinner</i>		Town <i>Brooklyn</i>		County <i>an</i>		MARYLAND	
Died at <i>Brooklyn</i>		Month <i>3</i>		Day <i>9</i>		Years <i>67</i>	
Date of death <i>1907</i>		Month <i>3</i>		Day <i>9</i>		Age <i>67</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth- place <i>MD</i>			
Occupation <i>Wharfman</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elizabeth Skinner</i>					
Father's Name <i>Don't Know</i>		Father's Birthplace					
Mother's Maiden Name <i>Don't Know</i>		Mother's Birthplace					
Name of person giving Information <i>E. Anderson</i>		How related to deceased <i>Son in law</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Bright Disease</i>		How long <i>3 months</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Chas. Brooke</i>	
		Address <i>Brooklyn</i>	
Accident or Suicide?			



Name
in
Full

Henry Davis Todd - U.S. Navy, Retired

DATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

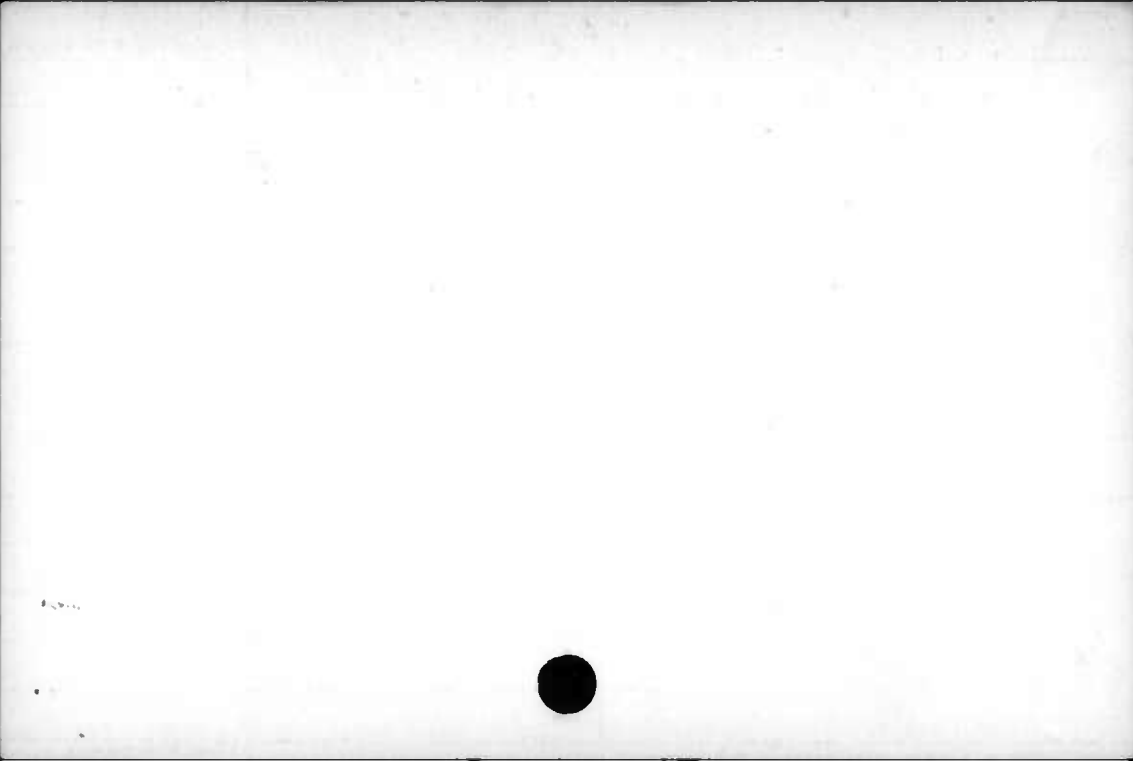
Died at <i>Annapolis</i>		Town		County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>March</i>	Day	<i>8TH</i>	Age	<i>68</i>
Sex		Male		Color or Race		White	
Occupation		<i>Professor of Mathematics U.S. Navy</i>		Where Residing if not at place of death		<i>Cambridge, Mass.</i>	
Married, Single or Widowed		<i>Married</i>		Name of Wife or Husband		<i>Flora Johnson Todd</i>	
Father's Name		<i>John Todd</i>		Father's Birthplace		<i>Unknown</i>	
Mother's Maiden Name		<i>Julia Parsons</i>		Mother's Birthplace		<i>Unknown</i>	
Name of person giving information		<i>Mary J. Todd</i>		How related to deceased		<i>Daughter</i>	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Chronic Nephritis</i>	How long	<i>Several years</i>
Immediate	<i>Edema of Lungs</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>George Pickrell Chas.</i>	
		Address	
		<i>22 State Circle -</i>	
		<i>City -</i>	
Accident or Suicide?			



Name
in
Full

Alice Ida Bell Wells

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

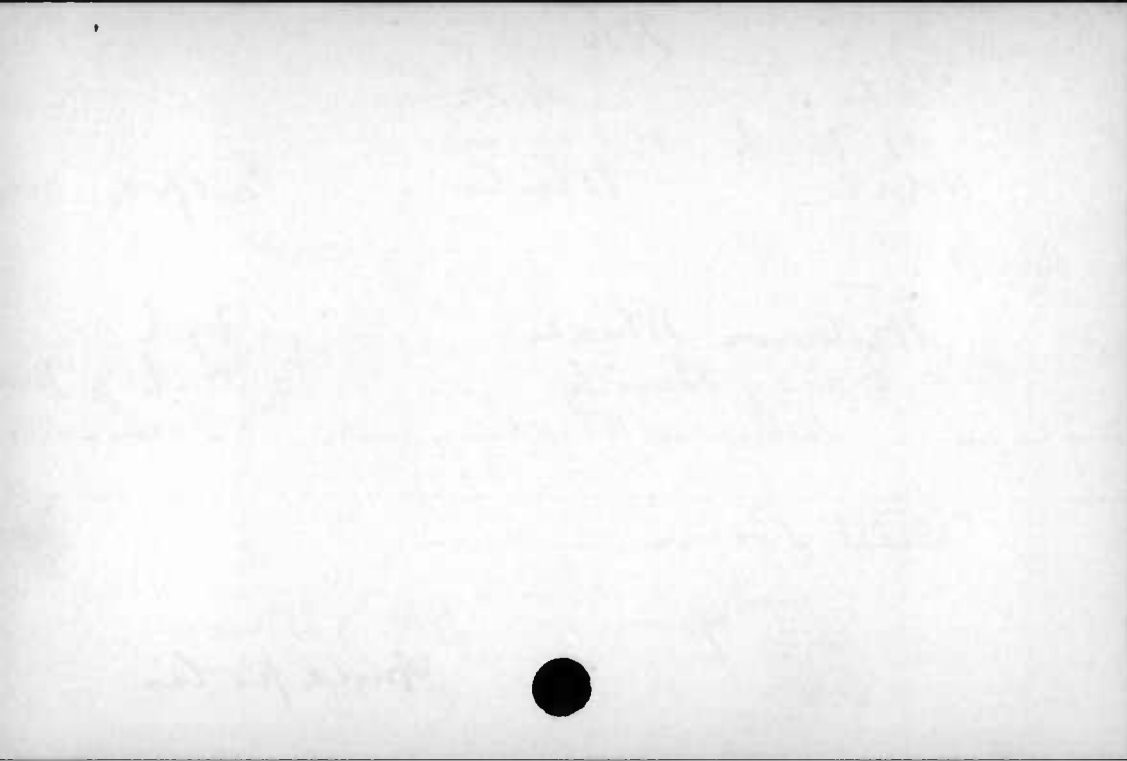
Died-at ^{Town} Germantown		^{County} Anne Arundel		MARYLAND	
Date of death	1907	Month	March	Day	29
Age	42	Years	42	Month	8
Sex	Female	Color or Race	White	Birth-place	Calvert Co. Md
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	married	Name of Wife or Husband	Richard J. Wells		
Father's Name	R. P. Phibbons			Father's Birthplace	Calvert Co
Mother's Maiden Name	Rachael Phibbons			Mother's Birthplace	" "
Name of person giving information	Richard J. Wells			How related to deceased	Husband

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary	Acute Nephritis	How long	3 weeks
Immediate	Uraemic Toxaemia	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Wm S Welch	
Address		Annapolis Md	
Accident or Suicide?			



Name
in
Full

Still born

Wheeler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Eastport</u> ^{Town}		<u>A. A. Co</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	Month <u>March</u>	Day <u>11</u>	Age <u>—</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Eastport, Md</u>			
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>William Wheeler</u>		Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Daisy Smith</u>		Mother's Birthplace <u>A. A. Co, Md</u>			
Name of person giving information <u>William Wheeler</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Still Born</u>	How long <u>—</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Wm S Welch</u>
	Address <u>Annapolis</u>
Accident or Suicide? <u>—</u>	

Professor Henry Davis Todd

U.S. Navy

Born August 25th 1838

Died March 8th 1907